U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:



	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Gaye D Schmidt	Name IRON WORKERS AFL-CIO			
	Labor Organization File Number 000-052			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 1750 New York Avenue, N.W.	Street 1750 New York Avenue, N.W.			
City Washington	City Washington			
State District of Columbia ZIP Code + 4 20006	State District of Columbia ZIP Code + 4 20006			
5. Position in labor organization.				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests {except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ing documents), has been examined by the signatory and is, to the best of the			
Signed your & Sohmull	On 3/8/05 202-383-4834 Telephone Number			

Telephone Number

Name of Ferson Filling Gaye Schmidt		rile Number U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise	5		
8. Name and address of Business (including trade name, if any). Name United Unions, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1750 New York Avenue, NW, NW Lobby City Washington State District of Columbia ZIP Code + 4 20006	9. Business deals with: a. Labor Organiza b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	headquarters offic financial and acco corporation. IW p	dealing. g in which Iron Workers has ffice. Iron Workers handles all accounting functions for building IW pays annual rent of \$1,245,767 and 1 bookkeeping services of \$12,120.		
Street City ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held Income as part-time	d or income received.	\$1,257,887	
	12.b. Amount.		\$10,000	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City				
State St				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Gaye Schmidt	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Household Credit Card Services Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust c. Employer	
Street 1401 Eye Street, NW Suite 520 City Washington State District of Columbia ZIP Code + 4 20005		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	***************************************
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Household works with Union Plus, organization that develops and promotes consumer benefit programs frunion members.	0.1.0
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	Lancoccus.
	3/15/04 - Luncheon meeting to discuss corporate credit card program	e Valantidid dia dipendanti denempa penempanjanjan symmetrijanjah jaman jenempanjan jaman jenempanjan jaman ja Penempanjan jaman ja
	12.b. Amount.	35